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nurse instructor, although a doctor with his wider knowledge of medicine and surgery is preferable. There are some hospitals where a suitable doctor would not be available, and where the one nurse instructor has far too much to do to take this added work. In such instances the head nurse is always available and will generally be interested if she is given enough assistance in the ward to spend the time in teaching on her own ward.

If in the larger schools the classes have to be divided into three or even four sections, it is quite an item for the instructor who must accompany the classes and conduct the corresponding quizzes. One of the problems that has arisen with the development of our preliminary course in training schools is that the teaching of nursing procedures is limited to the probationary period, and very often there are no further classes during the whole course in nursing technique. The clinical method of instruction, therefore, gives one of the best opportunities possible for a review. If this increases the instructor's schedule unreasonably, the situation presents a very good opportunity for the use of a senior pupil as an assistant; for no matter how interesting a clinic may be (and it is one of the most interesting forms of class work for a nurse), an instructor is bound to be more or less bored by having to watch the same group several times a week, particularly if she has one set of students in surgical clinics, and another in medical clinics.

Methods of instruction in nursing education are much under discussion to-day and we have all manner of critics, from the extremist, who claims that our teaching is growing too theoretical and borders on the realm of medicine, to the radical who argue that we spend too large a proportion of time and energy in the routine practical instruction of nurses. Could not this clinical method of teaching help to answer these criticisms? It will keep a practical background for our theory, and emphasize the scientific aspect of the every-day work on the wards with the patients, unifying in the mind of the student nurse the various phases of her curriculum in a way that is hardly possible in any other field of education.

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## HOW TO OVERCOME INSOMNIA

BY ETHEL WEBB

*Walton, N. Y.*

Do not depend on drugs to produce sleep. The cause of insomnia is either physical or mental. Drugs assist nature but, in themselves, cannot cure. If there is a physical reason for sleeplessness, the best medical aid should be secured to remove the cause; but if mental, as

the result of sickness, sorrow, or overwork, all depends upon the person's common sense.

Fear is the fundamental cause of sleeplessness. After one sleepless night, we fear the next night's coming. We suggest to ourselves that there is a possibility of another sleepless night ahead of us and subconsciously we register the thought. We are seldom disappointed and begin, then and there, to form a habit of insomnia with its resulting ill-health and intense nervousness.

The child may be taught to fall asleep at a certain time and, unless over-tired or positively ill, may be depended upon to be true to the habit. He has no distressing thoughts or fear. It is time to sleep and he sleeps. We go to bed over-tired or excited and take with us the cares and worries of the day. How can we expect a dreamless and refreshing slumber?

I once assisted a noted nerve specialist in caring for a woman suffering from a nervous breakdown. She had not slept in four days and nights and at the end of that time was so weak that I dared not so much as move her pillow. She begged for an opiate but the doctor told her if he gave her even one dose of "forgetting" medicine she would curse him. He would teach her to control her nerves as completely as they now controlled her.

The breakdown had come gradually. At first, when she did not fall asleep readily after retiring she would sit up and read. Then she read in bed, always with one of those spitefully-persistent-ticking clocks on a table at her bedside. Then she possessed herself of a flashlight and would watch the clock to see just when she became sleepy. Often it was two or three o'clock in the morning before she would cease to listen for the striking of the numerous clocks in the house. Eventually she turned night into day and took up china painting. She could paint at night as the gas light did not change the china colors perceptibly. Sleep by day was next to impossible, hence the breakdown.

She was restored to health and normal ways of living by simple and practical methods.

She was fed light, nourishing food every three hours: liquid peptonoids, broth, and malted milk. Later, when her stomach could digest them, solids were added. All clocks in the house were stopped; time was forgotten. She was persuaded that time or sleep did not matter, so long as she was comfortable and resting. No harm would come to her if she did not sleep. She feared she would become insane if she did not.

She absorbed sounds. Cars blocks away would set her nerves vibrating. She would lie in fear after the passing of one trolley,

car, dreading the approach of the next one. To overcome this, we placed a Victrola two rooms away and played softly over and over again a Venetian Trio record. She said afterward she just had to go to sleep to get rid of hearing "The Sweetest Story Ever Told."

If you wish to overcome insomnia don't crowd your days too full of excitement, your stomach with indigestible food, or drink strong tea or coffee. Have your bed comfortable and your room well aired. Learn to leave your worries outside your bedroom door just as they did their shoes in the "good old days." They are sure to be there in the morning. Cultivate sane methods in your habits of life just as you do in your business, if you wish to lay up riches of good health and pleasant dreams.

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## THE EVOLUTION OF PUBLIC HEALTH NURSING<sup>1</sup>

BY ROSE M. EHRENFELD, R.N.

*State Director of Tubercular Nursing*

Public health nursing, representing the latest development in the national health movement, has been given a sudden great impetus by war conditions, and the public health nurse has become the most important single factor in effecting opportunity for health equal to other opportunities. In spite of the strides which preventive medicine and the study of public health have made in recent times, the practical application of such principles in the homes of the great masses of people suffers a constant check through the lack of an adequate number of trained women.

Since 1859, when William Rathbone (with the far-seeing assistance of Florence Nightingale) established in Liverpool the first District Nurse Association, while the development has been sporadic, a gradual evolution, conspicuous along two lines of development, has been noted: First, from the limited field of remedial case work to the preventive and educational phases (including, however, the curative); second, from one type of administration to another. The former represented a benevolent or relief society, which frequently combined the nursing care with the giving of material relief, thus pauperizing the service, attaching thereto the stigma of "charity nurse" and limiting the work to the very poor. The latter type represents a mixed board of representative men and women, inclusive of the community's interests,—an organization stamping itself as a community enterprise and offering a larger scope of activity by extending professional nursing service to both pay and free patients;

<sup>1</sup> Read at the Public Health Session of the North Carolina State Meeting, Asheville, June 10, 1919.